

EXHIBIT 2

FRONT

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI# AL0011200		2 Date of Report 06 02 2009		3 Time of Report 13:15		4 Incident <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> ML		5 Supplement Date		6 Agency Case Number 200900025490		7 Suffix					
8 Agency Name Hoover Police Department										9 Sector 34							
10 Type of Incident or Offense <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed HARASSMENT						11 Degree (Circle) 1 2 3		12 UCR Code		13 State Code/Local Ordinance 13A-11-8(A)(1) 11-31							
14 Type of Incident or Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed						15 Degree (Circle) 1 2 3		16 UCR Code		17 State Code/Local Ordinance							
18 Place of Occurrence 2000 RIVERCHASE GALLERIA <input checked="" type="checkbox"/> Check here if event occurred at victim's residence						Victim Demographics (Where victim is an individual)											
If offense occurred at victim's residence, then only the approximate location should be listed in this section (For example, a block number should be entered). If the offense occurred elsewhere, then the specific address should be listed here.						19 Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		20 Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		21 Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Other Non-Hispanic		22 Multiple Victims <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
						23 Age 29		24 Offender Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> N/A <input checked="" type="checkbox"/> None/Unknown		25 Juvenile Gang <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26 Hate Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
29 Point of Entry <input type="checkbox"/> Door <input type="checkbox"/> Roof <input type="checkbox"/> Window <input type="checkbox"/> Other						30 Method of Entry <input type="checkbox"/> Forceful <input type="checkbox"/> Attempted Forceful <input type="checkbox"/> No Force		31 Local Use		32 Lighting 1 Natural 2 Moon 3 Artificial Exterior 4 Artificial Interior 5 Unknown		33 Weather 1 Clear <input checked="" type="checkbox"/> 2 Cloudy 3 Rain 4 Fog 5 Snow 6 Hail 7 Unknown					
35 Occurred from MM/DD/YY 05 30 2009						36 Time of Event <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 18:00		37 Day of Week S M T W T F S 1 2 3 4 5 6 7		38 Occurred to MM/DD/YY		39 Time of Event <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM S M T W T F S 1 2 3 4 5 6 7					
42 Type Criminal Activity B Buying/Receiving D Distributing/Selling O Operating/Promoting T Transporting/Importing C Cultivating/Manu E Exploiting Children P Possessing/Concealing U Using/Consuming						43 Victim Type I Individual F Financial (Bank) R Religious Org B Business G Government S Society											
44 Loss Code						45 Property Code						46 Qty					
47						Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.						48 Dollar Value Stolen Damaged					
49 Recovered Date Value																	
Loss Code (Enter letter in loss code column) 1 None 5 Recovered 2 Burned 6 Seized 3 Counterfeit/ 7 Stolen 4 Damaged/ 8 Unknown Destroyed						Property Code (Enter # in property type column) 01 Aircraft 02 Alcohol 03 Autos 04 Bicycles 05 Buses 06 Clothes						07 Computer 08 Consumables 09 Credit Card 10 Drugs 11 Drug Equip 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction					
16 Household Goods 17 Jewelry 18 Livestock 19 Merchandise 20 Money 21 Negotiable Instrument 22 Non-negotiable Instru 23 Office Equipment 24 Other Motor Vehicle						25 Purse/Wallet 26 Radios/TV/VCR 27 Recordings 28 RV's 29 Structure - Single Occupancy Dwelling 30 Structure - Other Dwelling 31 Structure - Other Commercial 32 Structure - Industrial/ Manufacturing 33 Structure - Public/Community						34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other					
50 Stolen Vehicle Only <input type="checkbox"/> Business <input type="checkbox"/> Rural						51 Ownership verified by: <input type="checkbox"/> Tag Receipt <input type="checkbox"/> Title <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Other						52 Veh. Categories <input type="checkbox"/> Recovered <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Abandoned <input type="checkbox"/> Stolen <input type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Unauthorized Use					
53 Vehicle Year						54 Vehicle Make						55 Vehicle Model					
56 Number Veh Stolen						57 Vehicle Description											
58 Vehicle Style						59 Vehicle Color Top Bottom						60 License					
61 LST						62 LIY						63 Tag Color					
64 Vehicle VIN Number						65 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No						Warrant Number					
66 Stolen in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?						67 Recovered in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?											
68 Case #						69 SFX						70 Case #					
71 SFX						72 Case #						73 SFX					
74 Case Status 1 Pending 2 Inactive 3 Closed						75 Multiple Cases Closed Listed Above Multiple Cases Closed Listed On Supplement						76 Entered NCIC/ACJC <input type="checkbox"/> Yes <input type="checkbox"/> No					
77 Case Disposition 1 Cleared by Arrest (Juvenile) 2 Cleared by Arrest (Adult) 3 Unbanded 4 Exceptional Clearance 5 Administratively Cleared						78 Exceptional Clearance (Circle One) A Suspect/Offender Dead B Prosecution Declined/ Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim						79 Reporting Officer PUGH Officer ID Number 12353					
80 Assisting Officer						Officer ID Number						81 Supervisor Approval GRAVES Officer ID Number 12244					
82 Watch Commander						Officer ID Number											

DAWN

THIS SIDE OF FORM IS CONFIDENTIAL UNLESS RELEASED AT THE
DISCRETION OF THE CHIEF LAW ENFORCEMENT OFFICER

Incident/Offense Report - Continued		83 Date of Report (MM/DD/YYYY) 06 02 2009		84 Time of Report 13:15		85 Agency Case Number 200900025490		86 Suffix		87 <input type="checkbox"/> Offender <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Missing Person		<input type="checkbox"/> Check if Multiple	
88 Reported By (Last, First, Middle Name) [REDACTED]				<input type="checkbox"/> Victim Or		89 Suffix		90 <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		91 Home Phone		92 Work Phone [REDACTED]	
94 Victim #		95 Victim (Last, First, Middle Name) [REDACTED]				96 Suffix		97 Address (Street, City, State, Zip) [REDACTED]		98 Home Phone		99 Work Phone [REDACTED]	
101 Employer/School [REDACTED]		102 Occupation [REDACTED]		103 Address (Street, City, State, Zip) [REDACTED]				104 Work Phone		105 Other Phone [REDACTED]			
106 Sex [REDACTED]		107 Race [REDACTED]		108 <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		109 HGT [REDACTED]		110 WGT [REDACTED]		111 Date of Birth [REDACTED]		112 Victim SSN [REDACTED]	
113 Complainant SSN [REDACTED]		114 Complainant SSN [REDACTED]		115 Multiple Victims <input type="checkbox"/> Multiple Victims <input checked="" type="checkbox"/> LE Officer		116 Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Other Non-Hispanic		117 Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		118 Offender known to victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		119 Victim was? (Explain Relationship) [REDACTED]	
120 Relationship Code [REDACTED]		121 Weapons Used <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Hands, Fist, Feet, Voice, etc <input type="checkbox"/> Other Dangerous		122 Description of Weapons/Firearms/Tools Used in Offense Describe [REDACTED]				<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Unknown					
123 Place of Occurrence 2000 RIVERCHASE GALLERIA SUIT 128		(Enter exact street address here)		124 Type N None B Broken Bones I Internal Injury L Severe Laceration M Minor Injury O Other Major Injury T Loss of Teeth U Unconscious		125 Sector [REDACTED]		126 Circumstances: Homicide & Assault [REDACTED]		127 Location: Rape [REDACTED]		128 Assault <input type="checkbox"/> Simple <input type="checkbox"/> Aggravated	
129 Treatment for Assault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		130 Verify for Rape Exam? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		131 Treatment for Rape? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		132 Off # Unknown00		133 Name (Last, First, Middle) Unknown00		134 SFX		135 Alias	
136 Social Security # [REDACTED]		137 Race <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		138 Sex <input type="checkbox"/> M <input type="checkbox"/> F		139 Date of Birth [REDACTED]		140 Age [REDACTED]		141 Address (Street, City, State, Zip) [REDACTED]		142 HGT [REDACTED]	
143 WGT [REDACTED]		144 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		145 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		146 Probable Destination [REDACTED]		147 Eye [REDACTED]		148 Hair [REDACTED]		149 Complexion [REDACTED]	
150 Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		151 Clothing [REDACTED]		152 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations		153 <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted		154 Off # [REDACTED]		155 Name (Last, First, Middle) [REDACTED]		156 SFX	
157 Alias [REDACTED]		158 Social Security # [REDACTED]		159 Race <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		160 Sex <input type="checkbox"/> M <input type="checkbox"/> F		161 Date of Birth [REDACTED]		162 Age [REDACTED]		163 Address (Street, City, State, Zip) [REDACTED]	
164 HGT [REDACTED]		165 WGT [REDACTED]		166 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		167 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		168 Probable Destination [REDACTED]		169 Eye [REDACTED]		170 Hair [REDACTED]	
171 Complexion [REDACTED]		172 Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		173 Clothing [REDACTED]		174 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations		175 <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted		176 Name (Last, First, Middle) [REDACTED]		177 Sex <input type="checkbox"/> M <input type="checkbox"/> F	
178 Race <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		179 Date of Birth [REDACTED]		180 Address [REDACTED]		181 Contact Telephone Numbers 181 Home 182 Work 183 Other		184 Name (Last, First, Middle) [REDACTED]		185 Sex <input type="checkbox"/> M <input type="checkbox"/> F		186 Race <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I	
187 Date of Birth [REDACTED]		188 Address [REDACTED]		189 Contact Telephone Numbers 189 Home 190 Work 191 Other		192 Name (Last, First, Middle) [REDACTED]		193 Sex <input type="checkbox"/> M <input type="checkbox"/> F		194 Race <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		195 Date of Birth [REDACTED]	
196 Address [REDACTED]		197 Contact Telephone Numbers 197 Home 198 Work 199 Other		200 Witness # 1 SSN [REDACTED]		201 Witness # 2 SSN [REDACTED]		202 Witness # 3 SSN [REDACTED]		203			
*** SEE CONTINUATION PAGE FOR NARRATIVE ***													
204 Continued on Supplement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
205 Assisting Agency ORI [REDACTED]													
206 Assisting Agency Case Number [REDACTED]													
207 SFX [REDACTED]													
208 Warrant Signed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
209 Add Cases Closed Narrative <input type="checkbox"/> Y <input checked="" type="checkbox"/> N													
I hereby affirm that I have read this report and that all the information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying the agency if any stolen property or missing person herein reported is returned.													
210 Signature [REDACTED]													
211 Local Use [REDACTED]													
212 State Use [REDACTED]													

ACJC-06-58

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

79 Date and Time of Arrest		80 Case #		81 SPX	
0	6	0	2	0	9
13:15		2		0	
82 Type Report		1 Continuation		2 Follow-Up	

ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED

NARRATIVE

R/O WAS ADVISED BY [REDACTED] THAT WHILE IN THE DRESSING ROOM OF BANANA REPUBLIC AN UNKNOWN SUBJECT TOOK A PICTURE OF HER BY PLACING HIS CAMERA PHONE UNDER HER CHANGING STALL. [REDACTED] WAS ABLE TO CONTACT MALL SECURITY, WHO WERE THEN ABLE TO TRACK DOWN THE SUSPECT.

[REDACTED], WANTING TO PURSUE CRIMINAL ACTION AGAINST THE SUSPECT, MADE CONTACT WITH OFC. SYED THE OFFICER IN CHARGE OF THE INCIDENT, BUT HE WAS UNABLE TO GIVE HER THE INFORMATION NEEDED TO FILE A WARRANT. [REDACTED], WAS ADVISED TO CALL ON THURSDAY AND CHECK ON REPORT.

SUSPECT INFO:
KEITH REDDICK

[REDACTED]

NARRATIVE

NARRATIVE

NARRATIVE

Continued on Additional Supplement

AC 8C-08-05

TYPE OR PRINT IN BLACK INK ONLY

DOMESTIC VIOLENCE
DUAL ARREST

ALABAMA UNIFORM ARREST REPORT

Fingerprinted ☐ Yes ☐ No R84 Completed ☐ Yes ☐ No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION

ARREST

VEHICLE

JUVENILE

RELEASE

1 ORI #	2 Agency Name	3 Case #	4 SFX
AL 0011200	Hoover Police Department	200900025490	
5 Last, First, Middle Name		6 Alias AKA	
REDDICK, KEITH, CHANNING			
7 Sex	8 Race	9 Ethnicity	10 Hgt
<input checked="" type="radio"/> M <input type="radio"/> F	<input checked="" type="radio"/> W <input type="radio"/> B	<input checked="" type="radio"/> Non-Hispanic	602
11 Wgt	12 Eye	13 Hair	14 Skin
200	BLU	BRO	Fair
15 Scars	16 Marks	17 Tattoos	18 Amputations
16 Place of Birth (City, County State)		18 Date of Birth	19 Age
ALABAMA			
21 SID #	22 Fingerprint Class	23 DL #	24 St
	Henry Class		AL
25 FBI #	NCIC Class	28 Identification Comments	
		Other	
27 <input checked="" type="checkbox"/> Resident	28 Home Address (Street, City, State, Zip)	29 Residence Phone	30 Occupation (Be Specific)
<input checked="" type="checkbox"/> Non-Resident			Actor
31 Employer (Name of Company/School)	32 Business Address (Street, City, State, Zip)	33 Business Phone	
34 Location of Arrest (Street, City, State, Zip)	35 Sector #	36 Arrested for Your Jurisdiction?	
2020, VALLEYDALE, Road		<input type="checkbox"/> Yes <input type="checkbox"/> No	
37 Condition of Arrestee	38 Resist Arrest?	39 Injuries?	40 Armed?
<input type="checkbox"/> Drunk <input checked="" type="checkbox"/> Sober <input type="checkbox"/> Drugged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> None <input type="checkbox"/> Arrestee	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
42 Date of Arrest	43 Time of Arrest	44 Day of Arrest	45 Type of Arrest?
06/17/09	18:04	W	<input type="checkbox"/> On View <input type="checkbox"/> Warrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
47 Charge - 1	48 UCR Code	49 Charge - 2	50 UCR Code
CRIMINAL SURVEILLANCE			
51 State Code/Local Ordinance	52 Warrant #	53 Date Issued	54 State Code/Local Ordinance
13A-11-32 11-31	2009-3308	06/12/09	
57 Charge - 3	58 UCR Code	59 Charge - 4	60 UCR Code
61 State Code/Local Ordinance	62 Warrant #	63 Date Issued	64 State Code/Local Ordinance
67 Arrest Disposition	68 If Out On Release What Type?	69 Arrested with (1) Accomplice (Full Name)	70 Arrested with (2) Accomplice (Full Name)
<input type="checkbox"/> Held <input type="checkbox"/> Tot - LE <input type="checkbox"/> Bail <input type="checkbox"/> Other <input checked="" type="checkbox"/> Released			
71 VYR	72 VMA	73 VMO	74 VST
75 VCO	76 Tag #	77 LIS	78 LIY
Top			
Bottom			
79 VIN	80 Impounded?	81 Storage Location/Impound #	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
82 Other Evidence Seized/Property Seized	<input type="checkbox"/> Continued in Narrative		
83 Juvenile Disposition	84 Released To	85 Parent or Guardian (Last, First, Middle Name)	86 Address (Street, City, State, Zip)
<input type="checkbox"/> Handed and Released <input type="checkbox"/> Ref. to Welfare Agency <input type="checkbox"/> Ref. to Adult Court <input type="checkbox"/> Ref. to Juvenile Court <input type="checkbox"/> Ref. to Other Police Agency			
87 Phone	88 Parents Employer	89 Occupation	90 Address (Street, City, State, Zip)
91 Phone	92 Date and Time of Release	93 Releasing Officer Name	94 Agency/Division
95 ID #	96 Released To	97 Agency/Division	98 Agency Address
99 Personal Property Released to Arrestee	100 Property Not Released/Held At	101 Property #	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial			
102 Remarks (Note Any Injuries at Time of Release)			
103 Signature of Receiving Officer			
104 Signature of Releasing Officer			
105 Case #			
106 SFX			
107 Case #			
108 SFX			
109 Case #			
110 SFX			
111 MULTIPLE CASES CLOSED NARRATIVE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
112 Arresting Officer (Last, First, M.)		113 ID #	
DAVIS		12305	
114 Arresting Officer (Last, First, M.)		115 ID #	
		GRAVES	
116 Supervisor		117 Watch Cmdr	
ID # L6		ID #	

TYPE OR PRINT IN BLACK INK ONLY

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

**ADDITIONAL ARREST
NARRATIVE CONTINUED**

118 Date and Time of Arrest

06/17/09

18:04

☐ AM
☐ PM
☒ MIL

119 Case #

200900025490

120 SFX

121 Additional Arrest Information

ON 06/17/2009, APPROXIMATELY 09:30 MILITARY TIME, R/O DAVIS, C., MADE CONTACT WITH REDDICK AND MADE ARRANGEMENTS FOR REDDICK TO TURN HIMSELF IN ON OUTSTANDING WARRANT # 2009-3308, CRIMINAL SURVEILLANCE. REDDICK ENTERED THE LOBBY OF THE HOOVER PUBIC SAFETY CENTER, 2020 VALLEYDALE ROAD, HOOVER, AL, AT WHICH TIME HE WAS ESCORTED TO THE BOOKING DESK BY JAIL PERSONNEL; PROCESSED AND RELEASED ON BOND.

NARRATIVE

NARRATIVE

NARRATIVE

TYPE OR PRINT IN BLACK INK ONLY

☐ Continued on Additional Supplement

ACJC-09.05